

REQUEST FOR FAIR HEARING BEFORE THE REHABILITATION APPEALS BOARD

DR 107 (Rev. 06/03) Computer Generated

The Rehabilitation Appeals Board consists of seven (7) private citizens appointed by the Governor, to gather facts in rehabilitation cases and issue a final decision. Application for a hearing must be filed within 30 days of receipt of the Administrative Review Decision, or within one year of the date of a disputed action or inaction.

If you need representation, contact the Client Assistance Program toll free at 800-952-5544 (voice) or 866-712-1085 (TTY). From Sacramento call (916) 263-7367 (voice) or (916) 263-7465 (TTY).

Name			Social Security Number		Rehabilitation Office	
Telephone Number		Fax Number		E-mail Address		
Residence Address			Mailing Address, If Different			
City	State	Zip Code	City	State	Zip Code	

I hereby request a fair hearing before the Rehabilitation Appeals Board from the action taken by the above-named office regarding my application for or receipt of Rehabilitation Services.

In addition, I hereby request a mediation of this matter with a qualified, impartial mediator who will assist me and the Department in reaching an agreement.

Note: If mediation is requested, a copy of this form shall be submitted to the Mediation Coordinator. By requesting mediation and signing this form, you are consenting to the release of the information on this form and the sharing of information about your case with the Mediation Coordinator and assigned mediator(s).

I will need the following accommodations (including interpreters or alternate formats) at the mediation:

What is the reason for your appeal and why do you think the Department's decision or action should be changed?

What action do you wish to have taken?

Signature 	Date Signed
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Mail to: Rehabilitation Appeals Board, c/o Department of Rehabilitation
P. O. Box 944222, Sacramento, CA 94244-2220